

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. APPLICANT(S)	FILING DATE		
						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	
	IND	DEP	IND	DEP	IND	DEP			
101							1		
102								1	
103								1	
104									
105									
106									
107									
108	1		1						
109					1				
110					1				
111		1		1					
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140				1					
141		1		1					
142				1					
143		1		1					
144				1					
145				1					
146				1					
147	1		1						
148				1					
149		1		1					
150				1					
TOTAL IND.			15						
TOTAL DEP.			51						
TOTAL CLAIMS			66						